

CLAIMS ONLY Best Available Copy

Application Number

Filing Date

10/692298

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2						
3						
4		/				
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49						
50						
Total Indep	1					
Total Depend.	8					
Total Claims	9					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						